

phia into the sac by means of the subcutaneous syringe, with the hope of destroying the ovum. A favourable result followed; the tumour diminished in size, and the patient left the hospital well. The diagnosis, unfortunately, was inferential, formed by exclusion; the result of the method of treatment, however, was most satisfactory.

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ART. V.—*Membranous Enteritis, with Cases.* By WM. M. FINDLEY, M.D., of Altoona, Pa.

It was my fortune soon after graduation and entrance upon professional duties to be confronted by a case of disease which caused me much study and research to arrive at a correct diagnosis. This impressed me so that I began to make diligent search in regard to it, and found that in our country very little had been written upon this subject, it having been confounded with dysentery, tabes mesenterica, etc. My first case occurred, was treated, and cured some time before Da Costa wrote his article upon this disease in the *American Journal of Medical Sciences* for October, 1871, or the extract from a thesis in the same Journal for July, 1873, and for that reason my treatment was original in the sense of being the result of a careful study of the disease, and the use of remedies which Da Costa has not found of much use. Having now had three well-marked cases of this disease, and all brought to a successful termination, in the interest of the profession it is deemed proper to present them as tending to elucidate the course of treatment in an acknowledged stubborn disease.

Before presenting the cases, let us make some inquiries—

1st. As to the literature of the disease: I can add nothing to the list given in the very interesting and highly instructive monograph of Prof. Da Costa, referred to above, wherein we find Paulus Ægineta, Kaempfer, Good, Todd, Sir James Simpson, Cruveilhier, Laboulbène, Powell, and lately Whitehead, given as authors of papers upon this obscure and persistent disease. To those anxious to extend their studies, a reference to the above-mentioned monograph is asked, for the titles of the articles by their various authors, as this article is merely intended as clinical.

2d. As to the membranous discharge: the description, as found in Prof. Da Costa's article, is far more explicit than anything I could say concerning its structure and constituent parts, as I only made rough experimentation with water, alcohol, and atmosphere upon it. One fact I noticed, that I have not seen mentioned, is the splitting of some few of the better organized portions in their long axis, showing higher organization than ordinarily found.

With these preliminary remarks I shall proceed to relate the cases.

CASE I. Mrs. H. J., coloured, aged 40, the mother of eight children, had enjoyed good health until April, 1867, after which time she grew worse, until October, 1867, when she says she had an abortion; to my mind it is more likely that it was a dysmenorrhœal clot; had hectic fever afterwards, was treated with mercury until she says she was salivated, when for the first time she complained of burning pains in the bowels, and began to pass mucus and "long strings of white stuff like pieces of entrails," as she expressed it, accompanied, while voiding them, with violent pain. The condition of her bowels at this time was constipated; was said to have hysterical paroxysms on two or three occasions by her attendants; her mind, however, was particularly bright at certain times. Her appetite was very capricious and indigestion constant. Has had very severe pain at menstrual periods since. Says she had a burning pain in the left side, and worse for some days before menstruation, which was very painful, and was accompanied at the same time with the passage of large quantities of the membrane.

I first saw her April, 1868, finding her in bed unable to rise, and expecting to die; hectic fever, enlarged cervical glands on left side, some evidence of pulmonary trouble, as I was satisfied afterwards, from enlarged thoracic lymphatics pressing on the bronchi and pulmonary substance, anorexia, constipation, and a very offensive leucorrhœal discharge, with the voiding of large quantities of the peculiar shreds and portions of membrane, united to present a wretched case and one almost hopeless. Satisfied that the leucorrhœal discharge was one strong evidence of severe uterine disease, I made a careful digital and specular examination, and found the cervix much hypertrophied, os patulous, admitting the index finger, velvety, and prolapsed somewhat—this to the finger. The speculum shows, in addition, a vivid red oval surface, having the os for its centre, which is open and slit-like, about five or six lines all around with a long ragged ulcer extending up into the cervix out of sight. After syringing to cleanse the parts, I applied the solid stick of nitrate of silver to the ulcer, and tincture of iodine and glycerin, equal parts, to the entire cervix. These local applications were made to the uterus every third, sixth, or tenth day, as deemed best—the longer intervals being most frequently all that were required. Menstruation was normal the very next time, and has so continued up to the present. In the course of three or four months the ulcerated condition of the cervix disappeared, after the use of a sponge-tent, to enable me to apply remedies to the sore *inside* of the os as well as externally. The cervix itself became reduced to normal size; the os resumed its natural shape and calibre, and all feeling of prolapsed condition of uterus has disappeared with the other symptoms.

The constant use of topical applications of cold water was most useful as well as grateful during the time of the uterine inflammation and ulceration. During all this time the affection of the bowels continued, but, by combining proper remedies, it also was finally and successfully combated, and if not cured, a word I seldom like to use, at least got well. At one time, after a night of most fearful and distressing pain which anodynes did not seem to relieve much, she voided after much straining a "string," as she called it, a foot or more long, while each succeeding stool contained large quantities of smaller fragments. The paroxysms of intense burning pain were generally preceded by a few days of indigestion, colicky pains, and, as described, "a dead feeling in the bowels," occurring sometimes every two weeks, at other times every four or eight weeks, but becoming

less disturbing and less frequent until finally she recovered entirely in about ten months. The treatment in this case was conducted upon principles expressly directed to combat the supposed cause, viz., scrofulosis. And before entering upon the consideration of the treatment I shall speak of this complication. The general appearance of the patient indicated that she was scrofulous, hardly hereditary, but acquired. She was of the lymphatic type of temperament, although naturally energetic; but it struck me very forcibly that she needed nature's great restorers, sunlight and fresh air, as much as any other medicaments. The cervical glands, and evidently, although unseen, the thoracic and pelvic glands, were much enlarged and tender, but at no time threatening suppuration. She was very weak and anæmic, with very restless nights, and, to add to her troubles, the effects of mercurialization were present. For these conditions, in addition to the topical uterine treatment noticed above, I gave her liq. potass. arsen., ext. bell. fl., and tinct. cinch. comp., varying the cinchona with hops and iron when thought best, *but never omitted the arsenic over two or three days*. Externally belladonna and iodine in ointment were persisted in faithfully. Especial attention was paid to the diet, and, in the early part of the treatment of the case, cold sage tea soon controlled the hectic sweats. When I first saw her it was impossible for her to be out of bed, but in three weeks she was up, and as soon as able I had her go out every day into the air, and particularly the sunlight, as well as sit in a warm exposure all the time possible. After the uterine trouble was relieved this was most faithfully carried out. Rectal injections of simple cold water did more in the course of the disease to relieve the constipated condition than anything used, and were in addition very grateful or comforting to the sufferer. After six months' persistent treatment I ceased calling, as there was such decided improvement, but heard from her regularly for some three months longer, during which time she persisted in the use of the prescribed remedies; and, since that time until the present, she has enjoyed perfect health.

This case seems to be corroborative of Grantham's assertion, "that mercury is the cause" of some of these cases at least, for I verily believe that it was the exciting cause, whatever may have been the real underlying predisposition which looks towards a diathetic condition, only needing the spark to fire the train.

CASE II. Mrs. D. G., aged 43, consulted me for "swelling of the stomach, and feeling as though she was pregnant and felt the child move;" is near the menopause, and has not had any children for ten years, although she had what was thought to be a miscarriage some two years ago, and has had difficult menstruation ever since, with profuse hemorrhage occasionally. Three months after, on becoming convinced that she was not pregnant, and the distress in abdomen increasing, she placed herself under my care. Complained of a peculiar hard pain in the left side of abdomen, almost constant, and colicky pains at times. Is of an hysterical or epileptic character, nervo-lymphatic temperament; found her several times comatose from the pain. Began then to pass dysmenorrhœal casts, which I examined, and in a few days casts of membrane from the bowels, specimens of which I have now in my possession, and which seem to be rather better organized than ordinary. The paroxysms first announced themselves in the dyspeptic symptoms described in the above case (No. 1), and lasted during the menstrual period, declining rapidly thereafter. In this case there was no scrofulous complication, and not many attacks except during menstruation.

Having dissipated the notion she entertained, that she was labouring under an extra-uterine pregnancy, and satisfied her that the disease, although a persistent one, yet was not a hopeless one, she entered into the treatment with a will, and recovered after a year of the greatest care. In this case, the patient was unable to be about when getting up without the constant use of a binder or abdominal support, merely as she said to hold her bowels up and relieve the soreness their weight caused, as there was no marked prolapsus. Vesicants had no effect on this patient, so belladonna and iodine ointments were used over the abdomen for a long period. Bismuth, iron, and strychnia sometimes, but most frequently the liq. potass. ars. in cinchona or hops. Constant care as to the proper diet, fresh air, and sunlight were insisted upon. Enemata of cold water, and vaginal injections of the same, relieved the persistent constipation and uterine soreness. On one or two occasions it was necessary to use diuretics, and again to relieve a strong tendency to strangury. There was no uterine disease here, as in the first case; the dysmenorrhœal casts and the intestinal casts appearing to be produced by a common cause as yet unknown to me. When I say no disease of the uterus, I mean of an ulcerative character, or giving rise to such constant leucorrhœal discharge as in the first case, although after each menstrual time some discharge was to be noticed. On specular examination, no severe lesion was detected.

CASE III. Mrs. E. W., coloured, æt. 21, was taken sick in the early spring of this present year, with some obscure affection of the bowels. Has never been a very healthy person; appearing to lack development. Had violent pains "in the stomach," and after two days of constant tormina and tenesmus, she voided a cast nearly nine inches long, followed by a sudden and profuse hemorrhage in a short time. She has since voided but little of the peculiar membranous casts, suffering with a severe pain in the left half of the abdomen frequently since. A troublesome cough has harassed her greatly, and indigestion, hectic fever, and night sweats have followed. I first saw her after being in bed some two months, and found her with a mammary abscess, which was lanced, with great relief to her. She is constantly constipated, and has the flabby, dirty tongue of one suffering from indigestion and its concomitants. The menstrual periods come and go without any pain or distress whatever, and she has no leucorrhœal discharges. Pulse slightly accelerated, apparently from the bronchial trouble. Great resemblance to the condition found in the ileo-cæcal region in typhoid fever, all over the abdomen and especially to the left side, without much pain on pressure however. Colicky pain after some articles of food, or when insufficient food was taken, the result of flatulence and the torpid condition of the bowels, was present. Nervous and irritable at times, with marked prostration after an attack of pain. The first thing to give relief in this case was a powder of Dover's powder, bismuth, and quinia, and locally sinapisms with dry heat afterward, and a constitutional treatment of liq. ferri iodid. Vegetables and fruit in moderate quantities, with plenty of milk. Progress was marked and recovery speedy—no relapse. I should add that she has never been pregnant; and that one very useful remedy was inunction with cod-liver oil twice a day over the abdomen.

Some of the noticeable features in these three cases are:—

The fact that the cases are all in females; in two of the cases associated with severe uterine diseases of totally different kind; and in the third case

apparently unassociated with any uterine trouble. In the first case, I never saw anything like a dysmenorrhœal cast; only conjectured such to be the case when she said she had aborted. The fact that in Cases I. and III. there was a scrofulous tendency, more acquired possibly than hereditary, complicating seriously, and rendering the treatment more varied and prolonged. That in all three cases, the severest and most constant pain was in the region of the left ovary, and sigmoid flexure of the colon, with marked tenderness over that region at and for a few days before the severer attacks. That febrile movement was not at all marked in any of the cases, as stated by others; a sluggish state of circulation, with, however, a constant disposition to grow worse, until treated. That treatment gave such marked relief, and that the patients continue to-day well and without a return of the disease, or any appearance of a likelihood to the same.

Hoping that my good fortune in these cases may stimulate some one struggling with an obstinate case of this kind to persevere, although he may not find the remedies made use of as efficient in each individual case as has been done in my cases, I place these clinical facts on record for what they are worth.

802 TWELFTH ST., ALTOONA, PA., October, 1874.

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ART. VI.—*On the Use of Mercury in the Late Stages of Syphilis.* By FRED. R. STURGIS, M.D., Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York; one of the Surgeons to Charity Hospital, Blackwell's Island, etc. etc.

No subject in the whole range of therapeutics merits more careful consideration; nor is there any in which opinions have undergone more important modifications than the one which heads this paper.

The general treatment of this disease hinges upon the question: "Shall we or shall we not use mercury? and, if not, what shall we substitute for it?" Without entering into any discursive argument, *pro* and *con*, of the use of mercury in the early stages of syphilis, I frankly avow myself a strong believer in its efficacy in this disease; and no one who has studied Mr. Hutchinson's paper, read before the British Medical Association in 1873, can, I think, fail to be struck with the logical force of his reasoning; nor but feel that he has the best of the argument, as opposed to the school of the anti-mercurialists.

I do not profess to consider mercury a specific for syphilis any more than I consider any drug as a specific; the day for belief in such opinions is passing away; but I do claim that this much-abused mineral is the most trustworthy weapon we have with which to fight the disease; and the